

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
10/5/2010

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

☐ **Amendment** (Explain Below)

Amendment No 000

Report No 09301023

from 7/1/2010

through 9/30/2010

Date of election if applicable:
(Month, Day, Year)

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1327180

COMMITTEE/FILER'S NAME

Sierra Club SF Bay Chapter Issues

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Berkeley CA 94702 (510)848-0800

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Ms. Stacy Owens

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94618 (510) 652-1000

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

No on 23 - Californians to Stop the Dirty Energy Proposition

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

CHECK ONE

SUPPORT OPPOSE
X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
9/25/2010	Spotlight Design & Printing San Francisco, CA 94107	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Handbills in opposition to Prop 23.	\$465.37	\$565.37
9/29/2010	WPN San Geronimo, CA 94963	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Walk peice in opposition to Prop 23.	\$100.00	\$565.37

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from	7/1/2010	
through	9/30/2010	Page 2 of 2

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4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$565.37
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... TOTAL	\$565.37

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

San Francisco Department of Elections

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

3) NAME OF FILING OFFICER

Los Angeles County

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Norwalk CA 90650

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/5/2010
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Owens Owens Owens Owens
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent